



SAN DIEGO SUPERIOR COURT RESUME SUBMITTAL FORM

For Superior Court Personnel Use Only	
A <input type="checkbox"/> / R <input type="checkbox"/>	SAF <input type="checkbox"/>
Comments:	
Analyst:	Date:

COMMISSIONER

EXAM NUMBER 05-017

SOCIAL SECURITY NUMBER.

LAST NAME	FIRST NAME	MI
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MAILING ADDRESS

CITY	STATE	ZIP CODE
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PHONE NUMBER UNTIL 5: 00 p.m. ()	PHONE NUMBER AFTER 5:00 p.m. ()	E-MAIL ADDRESS (Optional)
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■ RECRUITMENT SOURCES: How did you learn of this job? (Check One Box Only)

- | | |
|---|---|
| <input type="checkbox"/> 1 Court Employee | <input type="checkbox"/> 6 Community/Professional Organization (Please specify) _____ |
| <input type="checkbox"/> 2 School Placement | <input type="checkbox"/> 7 Job Fair |
| <input type="checkbox"/> 3 Telephone Job Line | <input type="checkbox"/> 8 Newspaper (Please specify) _____ |
| <input type="checkbox"/> 4 Court Bulletin Board | <input type="checkbox"/> 9 Internet (Please specify) _____ |
| <input type="checkbox"/> 5 Television Ad | <input type="checkbox"/> 10 Other (Please specify) _____ |

■ CONSENT TO RELEASE INFORMATION

I consent to the release of information for use in determining my eligibility, qualifications, and selection consideration about my work record, job performance, character, ability and fitness by employers, schools, law enforcement agencies and the other individuals and organizations to authorized employees of the San Diego Superior Court. I hereby release you, your organization, current or previous employers, or others from liability or damage that may result from furnishing the requested information.

■ CERTIFICATE OF APPLICANT

I certify that all statements and information provided in this application and any attachments are true, and I understand that any false or misleading statements or omission of material facts may forfeit my right to employment considerations by the San Diego Superior Court.

Signature: _____ Date: ____/____/____

CONFIDENTIAL

The following information is necessary for the San Diego Superior Court to evaluate its hiring practices and to prepare reports for the State and Federal Government as required by law. The information contained will NOT be retained with your application and will NOT be used to make a decision about your employment.

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ETHNIC GROUP: Please check the one box which best identifies you.

- BLACK** All persons having origins in any of the original Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands (including the Philippine Islands). This includes, for example, China, Japan, Korea and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE** All persons having origins in any of the original peoples of North America, and who maintain cultural affiliation or community recognition.
- WHITE (not of Hispanic Origin)** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

GENDER

FEMALE

MALE

DATE OF BIRTH

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Month

Day

Year